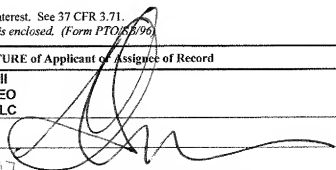


|  |                                 |                     |
|--|---------------------------------|---------------------|
| <b>REVOCATION OF POWER OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application No./<br>Patent No.: | 10/010,018          |
|  | Filed/Issue Date:               | December 5, 2001    |
|  | First Named Inventor            | Paul MASTER         |
|  | Group Art Unit                  | 2686                |
|  | Examiner Name                   | Joy Kimberly Contee |
|  | Attorney Docket<br>Number       | 046301-016000       |

|  |  |       |     |
|--|--|-------|-----|
| I hereby revoke all previous powers of attorney given in the above-identified application.   |  |       |     |
| <input type="checkbox"/> A Power of Attorney is submitted herewith.<br>OR<br><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <div style="border: 1px solid black; padding: 2px; display: inline-block;">22204</div>                  |  |       |     |
| <input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:<br><input checked="" type="checkbox"/> The address associated with Customer Number: <div style="border: 1px solid black; padding: 2px; display: inline-block;">22204</div> |  |       |     |
| OR   |  |       |     |
| <input type="checkbox"/> Firm or<br>Individual Name  |  |       |     |
| Address  |  |       |     |
| Address  |  |       |     |
| City   |  | State | ZIP |
| Country  |  |       |     |
| Telephone  |  | Fax   |     |
| I am the:  |  |       |     |
| <input type="checkbox"/> Applicant/Inventor.<br><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |  |       |     |
| <b>SIGNATURE of Applicant or Assignee of Record</b>  |  |       |     |
| Name   | Gordon Campbell<br>President and CEO<br>QST Holdings, LLC                          |       |     |
| Signature  |  |       |     |
| Date   | 9-25-07  |       |     |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see blow*.  |  |       |     |
| <input type="checkbox"/> *Total of _____ forms are submitted.  |  |       |     |